defect in the vascular supply to the part. In connection with the general muscular atrophy it is interesting to bear in mind that in addition to the disease of the spinal cord there was found in this case a decided atrophy of the great semilunar ganglia of the sympathetic system, and an indication also, by microscopical examination, of a fatty metamorphosis of these parts. These were the only portions of the sympathetic system examined. Many French and German pathologists now believe that progressive muscular atrophy is due to a primary disease of the sympathetic ganglia. The length of time that the patient survived is worthy of note, seeing that his respiration was said to be diaphragmatic from the first. There are anatomical reasons, however, for believing that it was not wholly so. Some observations are made concerning the symptoms presented during life—such as startings and pains in paralyzed limbs, and the condition of *contracture* which supervened after the second month in the right upper extremity; whilst, lastly, as regards the prognosis even in severe cases of secondary degeneration of the spinal cord, five or six instances are cited in which cures have been brought about.—*Med. Times and Gaz.*, Oct. 26, 1867.

40. *Dislocation of Radius and Ulna forwards.*—A case of this exceedingly rare lesion lately occurred in the clinique of M. MAISONNEUVE, and is carefully detailed. No fracture of any of the bones of the elbow-joint was present; the patient was exceedingly thin, so that everything in the position, both of the bones and the muscles, could be most accurately determined; so that this case may fairly be added as a sixth authentic one to the five already collected by Hamilton, in his great work on fractures and dislocations. The symptoms were well-marked and complete. The dislocation was reduced, but in the end a considerable portion of the thin skin sloughed; the slough had separated, and the case was progressing favourably at the date of the report.—*Edin. Med. Journ.*, Aug. 1867.

41. *Acetic Acid in Cancer.*—Dr. JAMES MORTON communicated to the Glasgow Medico-Chirurgical Society several cases of cancer treated by Dr. Broadbent's plan. (See number of this Journal for January, 1867, p. 229, *et seq.*) Dr. M., in his remarks on these cases, says: "Perhaps in not one of these cases has acetic acid, as thus applied, proved adequate to the complete cure of a single sore, or the eradication of one cancerous growth; and yet, from its application some benefits have been experienced by the sufferers. The most remarkable circumstance is the comparative freedom from pain when dilute acetic acid was used, which contains about four per cent. of real acid. Considerable pain was complained of when the glacial acid was employed, but this contains as much as eighty-four per cent. of real acid, and the pain produced by caustics has always been one of the chief objections to their use.

"In no case has there been any apparent acceleration of progress. Under a fear of such a result the idea of making punctures into malignant growths has been long discountenanced, and even now can only be justified with a view to their amelioration or removal. A more or less distinct retrogression in respect to size seems to be one of the effects of the use of the acid, and a corresponding retardation of progress.

"We are not yet in a position which entitles us to say that acetic acid eradicates cancer, or to vaunt it, as, in common language, a cure for cancer. Who, that knows anything of this painful malady, does not ardently wish for such a cure? Hundreds of such have been handed from father to son, usually as family secrets, but their composition not being revealed, the profession wisely regards them with distrust. For this reason, also, the profession has been accused of apathy and indifference in regard to such matters. No accusation could be so utterly false. The profession is thirsting for such a remedy, but it must deserve the name, and must not end, as heretofore, in disappointment. The ready welcome that has been given to the recent proposal of Mr. Broadbent is a proof that professional men are open to the consideration and trial of any plausible suggestion for the cure, or even the relief of such a dire disease. So marked has this been, that here, in Glasgow, we have about as much experience of its effects and mode of action as can be found anywhere at present; and though the results have not been all that could be desired, yet ameliorations have taken place, apparent retardations of progress, and relief or mitigation of suffering. A conviction has been forced upon me, that this remedy possesses a certain degree of power over cancerous formations. It is also possible that our present modes of application do not give the remedy fair play. I suspect we are too sparing of it, and it is not unlikely that some benefit would be derived from its hypodermic injection into the tissues adjacent to such tumours, as well as into the growths themselves. The syringe used (Wood's) is probably too microscopic, a larger instrument might be more efficient, and equally safe."

In the discussion to which the reading of this paper gave rise, Dr. **Alexander Simpson** said "he had applied acetic acid in a few instances, and he would say that its effects in his hands had not by any means been so marked as in those cases detailed by Dr. Morton. In one instance it had been used subcutaneously in a case of scirrhus of the mamma. He found great difficulty in applying it in this way. On introducing the syringe it was found impossible to leave any quantity of fluid in its track in that form of cancerous degeneration. He agreed with Dr. Robertson that it was much more likely to be beneficial in the epithelial form of the malady than in the other in which the tissues are so hard and dense that the acid is scarcely able to permeate them. He had employed it in a case of epithelioma of the lower eyelid, and it had the effect of partially dissolving the tumour. This patient was, however, taken out of his hands and put under the care of a person employing a secret remedy. He might mention that in one or two cases he had seen very considerable irritation of the tumours result from the use of acetic acid. Dr. McGregor of Barnhill had also employed this remedy, but with no ultimate success, as the tumour had subsequently to be removed by operation, and the case terminated fatally. He (Dr. S.) believed that further experiments should be made with this remedy before finally pronouncing on its value. Perhaps other solvents should be used along with it. The results of the application of acetic acid injection were nearly the same as those following the use of some of the stronger escharotics. In one of Dr. Morton's cases the effects were, in fact, precisely those of a strong escharotic."

Dr. **Adams** said "there existed considerable discrepancy in the observed effects of the acid. Some state that it is a painless remedy; in his experience it had been attended with a considerable amount of pain. Others hold that it is energetic in its action, and uniformly produces a decided effect of *some* kind, while in one or two instances in which he had used it there had no appreciable effect been produced, either in increasing or diminishing the tumour. In one case of scirrhus, after some twelve careful injections, all followed by great pain, continuing for hours, there had been no other result. With regard also to the suggestion which had been made and carried into effect, of combining the acid with morphia, he had found on trial, what, indeed, he might have *à priori* expected, that the combination effected no improvement. Morphia, in order to produce its characteristic effects, must, in its ordinary mode of action, be absorbed into the blood, and thus reach the nervous system; and it did not appear a reasonable proposition that, when used in safe quantities, we should expect that it would counteract the instantaneous irritating effects of acetic acid when used locally. In these two things his experience differed from others, viz., in the pain resulting from the application of the acid, and in not, in all cases, finding it produce as well-marked action of some kind or other. Another objection to its use was the difficulty of injecting it. In a tumour of a loose tissue, no doubt it would be quite possible to force in some quantity of fluid, but to do so into a hard tumour was no easy matter. In the trials he had made with a carefully prepared syringe, he had found that, be the piston ever so closely fitting, the fluid was often forced into the upper part of the syringe, rather than through the needle. Let them, by way of illustration, fancy what would be the result if they endeavoured to force a stream of fluid through a fine tube of the diameter of a hair into the heart of a ball of India-rubber; this would give them some idea of the difficulty to which he had referred.

"Dr. A. D. **Anderson** said that every one who had practised as long as he had done, and especially those who had practised any length of time as surgeons, must have seen a great variety of such cases as Dr. Morton has detailed.

He was afraid that every one similarly circumstanced to himself must acknowledge that, in reference to cancer, he had outlived a great variety of theories, a great variety of expected cures of this dreadful malady, and also a great variety of disappointments; and he believed that this treatment would only add to the list of such disappointments. It was, nevertheless, meritorious in Dr. Morton thus to bring forward, in their present state of doubt and difficulty, cases such as he had detailed. There were only two remarks which occurred to him relative to this matter. First: every one knew that the animal life of cancerous tumours is but low, and that occasionally, without the use of any remedy, a slough takes place, and the system is able spontaneously to rid itself for a time of the disease. Secondly: It may be that in some cases acetic acid, when injected hypodermically, may assist thus a natural process, and produce the very effect to which nature was spontaneously tending. Besides this, he thought he was able to detect, during the reading of Dr. Morton's paper, that in some of his cases the excitement of the local tumour had produced a temporary excitement of the adjoining parts, and these being enlarged, the excitement had already begun to subside into the quiet state. They were all too apt to attribute effects to causes which they had themselves originated, while all the while they were really due to natural causes."

[We may add that the reports in various recent journals of cases of cancer treated by Dr. Broadbent's method, show that the results are far from realizing the hopes that were at first entertained in regard to it.—ED.]

42. *Use of Carbolic Acid in Burns.*—WM. PIRRIE, Professsor of Surgery in the University of Aberdeen, extols (*Lancet*, Nov. 9, 1867) the efficacy of carbolic acid as an application to burns, and relates a case of extensive scald in a delicate child, eleven years of age, in which he applied a liniment of one part of carbolic acid in six parts of olive oil. Common lint was wet with this, and closely applied over the whole of the scalded surface; over this a double layer of tinfoil was placed, and the whole secured with a bandage. In ten minutes the pain was relieved; in two days the bullæ seemed withering; and on the twelfth day the skin was perfectly healed without any pus being formed. "The sudden and perfect subsidence of pain," he says, "the withering of the bullæ, the complete healing of such an extent of scalded surface without the slightest suppuration in a patient of feeble constitution and greatly depressed by shock, appear to me to show that carbolic acid is well deserving of trial in burns of the first and second degree. I have seen some scalds of less extent prove fatal, and I have seen many not so unpromising at first end in suppuration and ulceration of skin, and require months to heal."

43. *Ulceration of the Duodenum after a Burn.*—Dupuytren was the first to notice congestion of the mucous membrane of the alimentary canal, and of the bloodvessels of the brain and lungs, as occurring after burns; and subsequently Mr. Curling, of London, in the 25th volume of the *Medico-Chirurgical Transactions*, 1842, recorded ten cases in which he had found ulceration of the duodenum after burns. The ulcers, which are generally perforating, are usually found about an inch from the pylorus, and may cause death by peritonitis or by hemorrhage—in the latter case the arteria pancreatica duodenalis being generally exposed where the duodenum passes in front of the head of the pancreas. Mr. Curling suggests that, the action of the skin being largely interfered with in burns, the glands of Brunner, which abound in the duodenum, may be sympathetically stimulated to increased action, which may lead to congestion and ulceration; and the fact that the ulcers are generally perforating shows that the morbid action begins in glands situated beneath the mucous membrane. As regards treatment but little can be done in the way of cure. Hyd. c. cretâ, with opium, leeches over the affected part, and bland fluid nourishment, have been recommended. In view of the possible occurrence of ulceration, it is wise in all cases of burn to order a bland, stimulating diet, and to secure regular action of the bowels.

It is interesting to note that such ulcers have been known to cicatrize after